

AGREEMENT/DISAGREEMENT

I agree (or) do not agree that at the time of separation:

- 1) I am reasonably able to perform my current duties, or
- 2) I have a high expectation of recovery in the near term from illness, injury, or surgical procedure such that I would again be able to perform my usual duties.

_____ Date _____ Grade/Rate _____ Signature of Member

TERMINATION OF HEALTH RECORD

Remarks

Impairments which have been documented in your health record, including any separation exam, while establishing service connection, do not in themselves indicate a disability. To receive disability benefits from the Coast Guard, you must be found unfit to perform your assigned duties through the physical disability evaluation system before you are separated.

After you are separated, any claims for disability benefits must be submitted to the Department of Veterans Affairs. If you have questions about certain benefits to which you might be entitled you should contact the DVA Regional Office nearest your home as soon as practical.

I have read the above statements and acknowledge receipt of a copy of the following:

- 1. CG-4057, Chronological Record of Service.
- 2. DD FORM-2808, Report of Medical Examination date _____ (if performed).
- 3. PHS-731, International Certificate of Vaccination.
- 4. DD Form 2766, Adult Preventive and Chronic Care Flowsheet.

_____ Date _____ Grade/Rate _____ Signature of Member

COMMAND CERTIFICATION

Health Record terminated this date by reason of _____
in accordance with CHAPTER 4, Medical Manual, COMDTINST M6000.1 (series).

_____ Date _____ Grade/Rate _____ Signature of Member

